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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
		BUREAU OF VITAL STATISTICS	State Index No. <u>340</u>
County <u>Havapo</u>	District _____	ORIGINAL CERTIFICATE OF DEATH	
Town <u>Snowflake</u>	Or City _____	County Registered No. _____ Local Registrar's No. _____	
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>Charles Whipple</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White <u>Indian</u> <del>Black</del> Chinese Mexican	DATE OF DEATH <u>Apr 13<sup>th</sup></u> 191 <u>9</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>September 9</u> 18 <u>63</u> (Month) (Day) (Year)		I hereby certify, that I attended deceased from _____ 191____ to _____ 191____; that I last saw h_____ alive on _____ 191____, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: _____ _____ _____ (Duration) _____ yrs _____ mos _____ days Was disease contracted in Arizona? _____ If not, where? _____ CONTRIBUTORY _____ (Duration) _____ yrs _____ mos _____ days (Signed) _____ _____ 191____ (Address) _____ *In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
AGE <u>55</u> yrs _____ mos <u>9</u> days _____ hrs _____ or _____ min. If less than 1 day _____			
OCCUPATION (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		LENGTH OF RESIDENCE <u>Snowflake</u> At place of death _____ yrs _____ mos _____ ds. In Arizona _____ yrs _____ mos _____ ds. Former or Usual Residence <u>Mexico</u> Filed <u>June 30</u> 191 <u>9</u> <u>Mrs. Nellie Freeman</u> Local Registrar Filed <u>7/10</u> 191 <u>9</u> <u>Samuel Sampson</u> County Registrar	
BIRTHPLACE (State or country) <u>Pow Utah</u>			
NAME OF FATHER <u>Edson Whipple</u>			
BIRTHPLACE OF FATHER (State or Country) <u>Vermont</u>			
MAIDEN NAME OF MOTHER <u>Loretta Jeger</u>			
BIRTHPLACE OF MOTHER (State or Country) <u>Peru, USA</u>			
The Above Is True to the Best of My Knowledge (Informant) <u>Mrs. C. Whipple</u> (Address) <u>Snowflake</u>			
PLACE OF BURIAL OR REMOVAL <u>Snowflake</u>		DATE OF BURIAL OR REMOVAL <u>Apr 15</u> 191 <u>9</u>	
UNDERTAKER _____		ADDRESS _____	